



Youth Substance Use: Considerations Probation Oversight Commission

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February 23, 2023

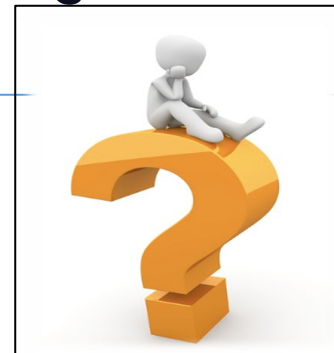
Substance Use in Communities Highly Prevalent

Epidemiological Snapshot & Emerging Trends: 12+ in U.S.

- 1 in every 10 Americans report **substance use**.
- 133.1 million **drank alcohol in past month** - 60.0 million **binge drank**
- 57.3 million used **nicotine products** (tobacco products or vaped nicotine) in the past month
- 1 million used **Kratom** in the past month. Kratom is a tropical plant that grows naturally in Southeast Asia with leaves that can have psychotropic effects by affecting opioid brain receptors.
- 9.2 million **misused opioids** (prescription pain relievers) in the past year.
- 120 million reported **illicit drug use in past year**—**marijuana** the most commonly used (53 million); 6 million used **methamphetamine**, 10 million people were past year users of **cocaine**, 30 million used **heroin**.

Substance use disorders are adolescent onset

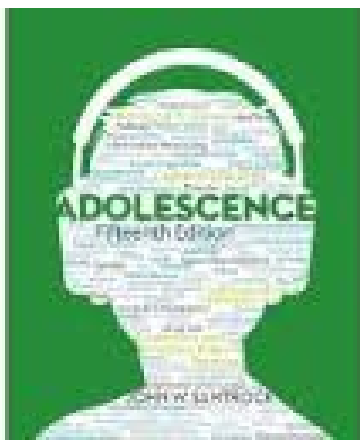
- 90% of adults with substance use disorders **starting using before the age of 15**.
 - 80% of high school seniors have **used alcohol and drugs** before they graduate high school – age of initiation <15.
 - Young adults ages 18–25 have the **highest rates of substance use**.



Risk Factors

Major Risk Factor has to do with **Youth Development**

CDC has deemed young people under 25 an **at-risk population for engaging in health risk behaviors**



2021 YRBSS Data Release Coming Spring 2023



The Youth Risk Behavior Surveillance System (YRBSS) monitors six categories of health-related behaviors that contribute to the leading causes of death and disability among youth and adults, including—

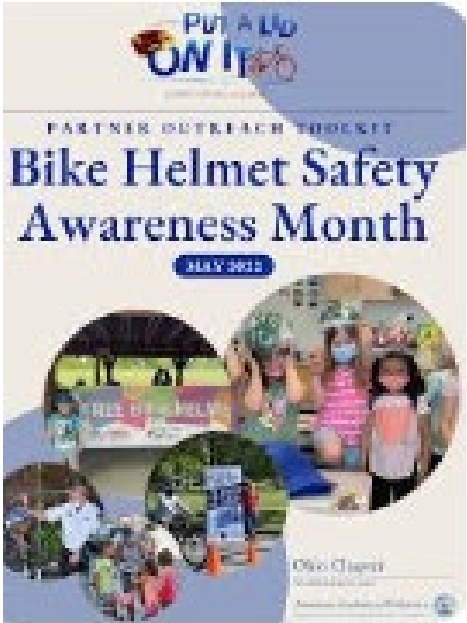
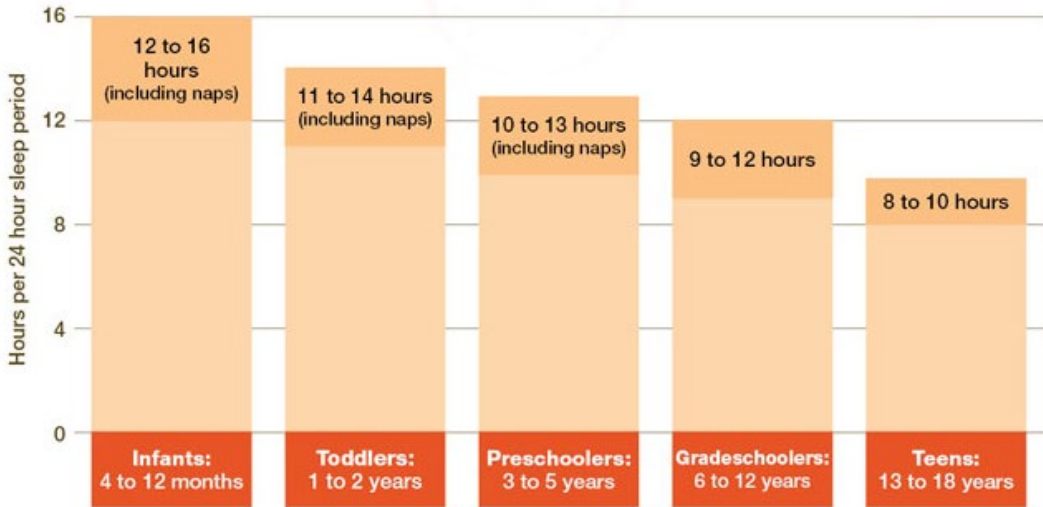
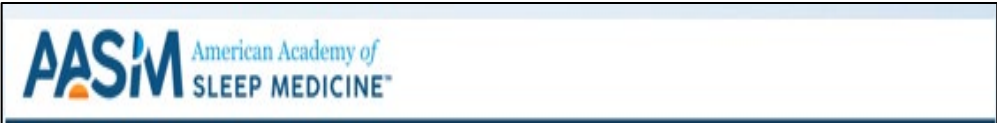
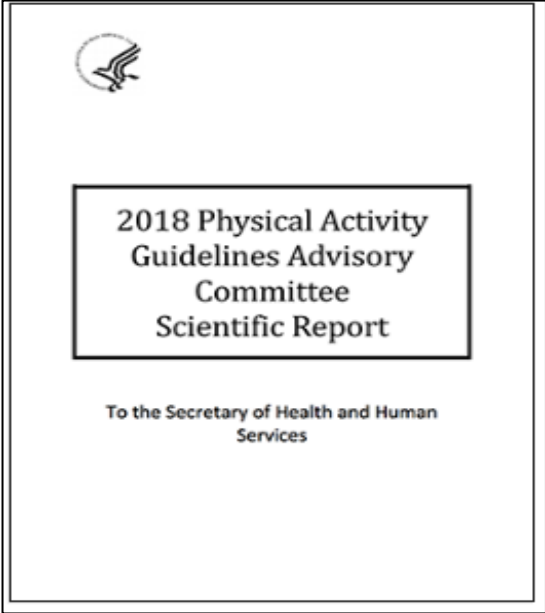
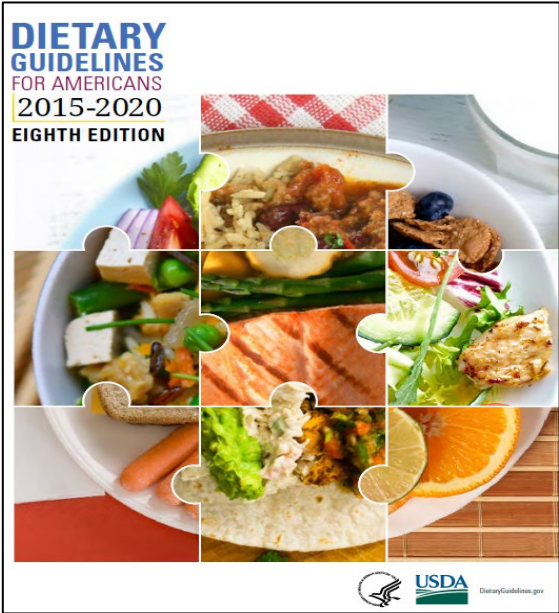
- Behaviors that contribute to unintentional injuries and violence
- Sexual behaviors related to unintended pregnancy and sexually transmitted diseases, including HIV infection
- Alcohol and other drug use
- Tobacco use
- Unhealthy dietary behaviors
- Inadequate physical activity

YRBSS also measures the prevalence of obesity and asthma and other health-related behaviors plus sexual identity and sex of sexual contacts.

YRBSS is a system of surveys. It includes:

- a national school-based survey conducted by CDC and state, territorial, tribal;

National Health Behavior Standards for Young People Set





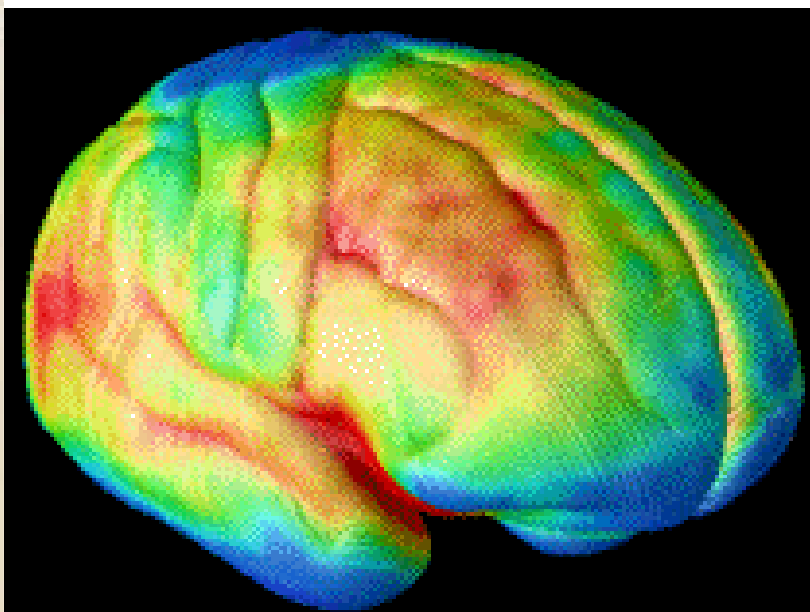
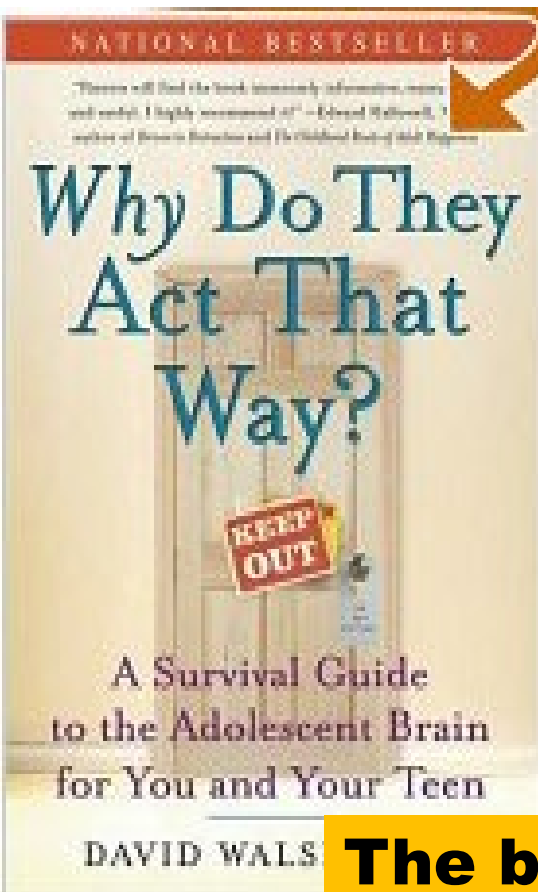
Do Youth follow Health Behavior Standards?



	Adhere	Don't Adhere
Healthy Plate: ½ fruits, ½ veggies, ½ Grains, ½ meats, limit sugary drinks		X
Screen Time: limit to <2-4 hours per day		X
Sleep: 8-10 hours per night		X
Physical Activity: 60 minutes daily		X
Safety: Helmet use		X
It's just not Substance Use Laws - Alcohol, Tobacco or Cannabis use 21+, Drinking Limits, <i>Don't Drink and Drive</i>		



Understanding Youth: **Developmental Model**



Develops from Back-Front Blue = Matured Areas

The brain reaches complete development at Age

With a Developing Brain – there is....

Increased Preference for: emotional brain

- Rewarding (*pleasurable*) activities
- Social activities that trigger excitement (arousal)-peers
- Novelty (boo on boredom)

Less Likely to...do cognitive brain

- Think before acting
- Consider negative consequences
- Choose wisely (judgement)

Maturation Gap between Brain Systems underlie vulnerability towards **RISK TAKING**

Poll

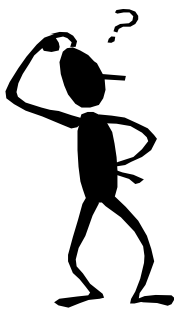
Which right or privilege matches **brain maturation – 25 years old?**

- A. Voting
- B. Gambling in casinos
- ➔ C. Renting a car
- D. Serving in the military
- E. Buying alcohol, tobacco, and cannabis for recreation



Understanding Youth Substance Use:

Continuum of Risk



What causes youth to move along the continuum?



Model of Substance Use: Not Causes

Risk Factors	Substance Abuse	Delinquency	Teen Pregnancy	School Drop-Out	Depression & Anxiety	Violence	
Community							
Availability of Drugs		✓				✓	
Availability of Firearms			✓			✓	
Community Laws and Norms Favorable Toward Drug Use, Firearms, and Crime	✓	✓				✓	
Media Portrayals of Violence						✓	
Transitions and Mobility		✓	✓		✓		
Low Neighborhood Attachment and Community Disorganization	✓	✓				✓	
Extreme Economic Deprivation	✓	✓	✓	✓	✓	✓	
Family							
Family History of the Problem Behavior		✓	✓	✓	✓	✓	✓
Family Management Problems		✓	✓	✓	✓	✓	
Family Conflict		✓	✓	✓	✓	✓	✓
Favorable Parental Attitudes and Involvement in the Problem Behavior	✓	✓				✓	
School							
Academic Failure Beginning in Late Elementary School	✓	✓	✓	✓	✓	✓	✓
Lack of Commitment to School	✓	✓	✓	✓	✓	✓	
Individual/Peer							
Early and Persistent Antisocial Behavior		✓	✓	✓	✓	✓	✓
Alienation and Rebelliousness		✓	✓		✓		
Friends Who Engage in the Problem Behavior		✓	✓	✓	✓	✓	
Favorable Attitudes Toward the Problem Behavior		✓	✓	✓	✓		
Early Initiation of the Problem Behavior		✓	✓	✓	✓	✓	
Constitutional Factors		✓	✓			✓	✓

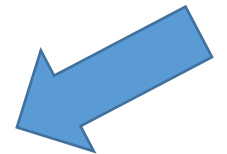
Health starts where youth live, learn, and play: **social and physical ecological conditions** are **strongest predictors** of SUD trajectories and health outcomes.

Adverse childhood experiences (ACEs) family system: alcohol/drug use, mental illness, incarceration, abuse/neglect, separation, loss, conflict; attachment issues

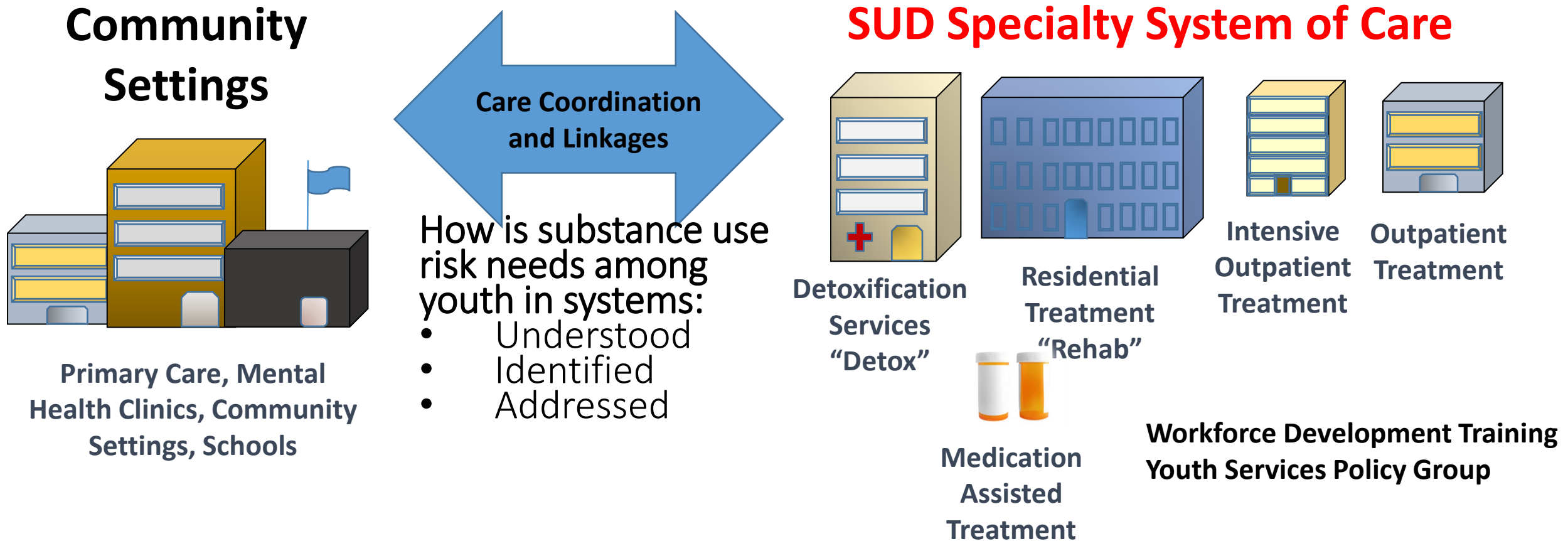
Social agents: access, availability, peer pressure, gang involvement, media

Allostatic Load – CHRONIC STRESS & SYNDEMICS

- Disease conditions that co-occur & synergy among them makes each condition worse – leading to poor compliance, adherence, engagement, participation



Youth System Enhancements: Research, Practice, Policy



System & Workforce: Best Practices

Need to Put Attention and Effort into Rethinking & Re-Doing the System of Care so that it is Responsive to Youth



How is substance use risk needs among youth in systems:

- Understood
- Identified
- Addressed

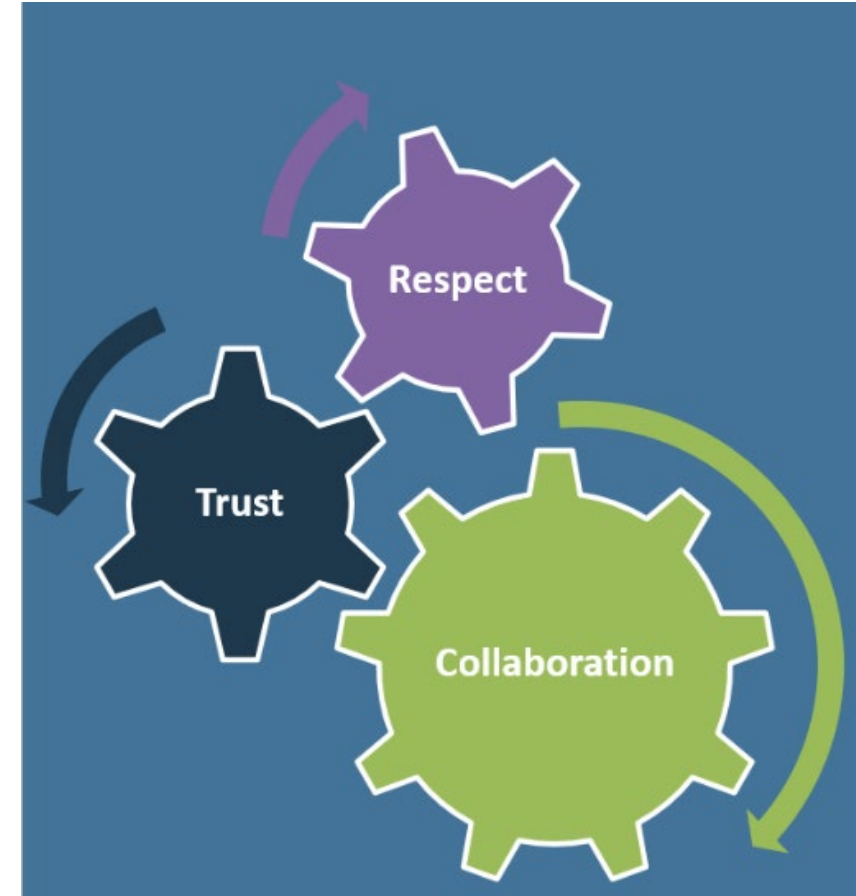
- Workforce Competencies & System Infrastructure Improvements that align with:



- Youth Developmental Model - Public Health Wellness
- Trauma-Informed – Safety and Support Evidence Based Models
- Strengths-Based & Public Health Holistic Programming – Resiliency Building, Strengthening Families Approaches, Evidence based clinical programming
- Community Re-integration Programming: access to care coordination, case management models - vocation, education, housing

What is a Responsive System - Public Health Model

- Individual-Centered Care - Six characteristics
 1. Respectful to individuals' values, preferences, and expressed needs
 2. Coordinated and integrated
 3. Gives individuals information that is attentive, responsive, and tailored to their needs
 4. Ensures physical comfort
 5. Provides emotional support
 6. Involves care coordination and inclusion of support systems - family and friends



Questions, Comments, Follow-Up



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Rights Enumerated in AB 2417

Welfare and Institutions Code 224.71.

It is the policy of the state that all youth confined in a juvenile facility shall have the following rights, which are established by existing law and regulation:

- a) To live in a safe, healthy, and clean environment conducive to treatment, positive youth development, and healing and where they are treated with dignity and respect.
- b) To be free from physical, sexual, emotional, or other abuse, or corporal punishment.
- c) To receive adequate and healthy meals and snacks, clean water at any time, timely access to toilets, access to daily showers, sufficient personal hygiene items, clean bedding, and clean clothing in good repair, including clean undergarments on a daily basis, and new underwear that fits. Clothing, grooming, and hygiene products shall be adequate and respect the child's culture, ethnicity, and gender identity and expression.

Welfare and Institutions Code 224.71.

It is the policy of the state that all youth confined in a juvenile facility shall have the following rights, which are established by existing law and regulation:

- d) To receive adequate, appropriate, and timely medical, reproductive, dental, vision, and mental health services provided by qualified professionals and consistent with current professional standards of care.
- e) To refuse the administration of psychotropic and other medications consistent with applicable law or unless immediately necessary for the preservation of life or the prevention of serious bodily harm.
- f) To not be searched for the purpose of harassment or humiliation, a form of discipline or punishment, or to verify the youth's gender. To searches that preserve the privacy and dignity of the person and to have access to a written search policy at any time, including the policy on who may perform searches.

Welfare and Institutions Code 224.71.

It is the policy of the state that all youth confined in a juvenile facility shall have the following rights, which are established by existing law and regulation:

- g) To maintain frequent and continuing contact with parents, guardians, siblings, children, and extended family members, through visits, telephone calls, and mail. Youth may be provided with access to computer technology and the internet for maintaining relationships with family as an alternative, but not as a replacement for, in-person visiting.
- h) To make and receive confidential telephone calls, send and receive confidential mail, and have confidential visits with attorneys and their authorized representatives, ombudspersons, including the Division of the Ombudsperson of the Office of Youth and Community Restoration, and other advocates, holders of public office, state and federal court personnel, and legal service organizations.
- i) To have fair and equal access to all available services, housing, care, treatment, and benefits, and to not be subjected to discrimination or harassment on the basis of actual or perceived race, ethnicity, ancestry, national origin, language, color, religion, sex, sexual orientation, gender identity, gender expression, mental or physical disability, immigration status, or HIV status.

Welfare and Institutions Code 224.71.

It is the policy of the state that all youth confined in a juvenile facility shall have the following rights, which are established by existing law and regulation:

- j) To have daily opportunities for age-appropriate physical exercise and recreation, including time spent outdoors and access to leisure reading, letter writing, and entertainment.
- k) To contact attorneys, ombudspersons, including the Division of the Ombudsperson of the Office of Youth and Community Restoration, and other advocates, and representatives of state or local agencies, regarding conditions of confinement or violations of rights, and to be free from retaliation for making these contacts or complaints.
- l) To exercise the religious or spiritual practice of their choice and to participate in or refuse to participate in religious services and activities.
- m) To not be deprived of any of the following as a disciplinary measure: food, contact with parents, guardians, family, or attorneys, sleep, exercise, education, bedding, clothing, access to religious services, a daily shower, clean water, a toilet, hygiene products, medical services, reading material, or the right to send and receive mail; to not be subject to room confinement as a disciplinary measure; to access written disciplinary policies, including the right to be informed of accusations against them, have an opportunity to be heard, present evidence and testimony, and their right to appeal disciplinary decisions.

Welfare and Institutions Code 224.71.

It is the policy of the state that all youth confined in a juvenile facility shall have the following rights, which are established by existing law and regulation:

- n) To receive a rigorous, quality education that complies with state law, and the abilities of students and prepares them for high school graduation, career entry, and postsecondary education; to attend appropriate level school classes and vocational training; to have access to postsecondary academic and career technical education courses and programs; to have access to computer technology and the internet for the purposes of education and to continue to receive educational services while on disciplinary or medical status; and to have access to information about the educational options available to youth.
- o) To information about their rights as parents, including available parental support, reunification advocacy, and opportunities to maintain or develop a connection with their children; to access educational information or programming about pregnancy, infant care, parenting, and breast-feeding, and childhood development; to proper prenatal care, diet, vitamins, nutrition, and medical treatment; to counseling for pregnant and post partum youth; to not be restrained by the use of leg irons, waist chains, or handcuffs behind the body while pregnant or in recovery after delivery; to not be restrained during a medical emergency, labor, delivery, or recovery unless deemed necessary for their safety and security, and to have restraints removed when a medical professional determines removal is medically necessary; and to access written policies about pregnant, post partum, and lactating youth.

Welfare and Institutions Code 224.71.

It is the policy of the state that all youth confined in a juvenile facility shall have the following rights, which are established by existing law and regulation:

- p) To attend all court hearings pertaining to them.
- q) To have counsel and a prompt probable cause hearing when detained on probation violations.
- r) To make at least two free telephone calls within an hour after initially being placed in a juvenile facility following an arrest.



Substance Use Treatment Services for In-Custody and Probation Youth

Los Angeles County Department of Public Health
Substance Abuse Prevention & Control

Virtual Presentation for:

Probation Oversight Commission
February 23, 2023





COUNTY OF LOS ANGELES
Public Health

Substance Abuse Prevention & Control

**Prevention First, Treatment Works,
& Recovery is Possible!**

- Committed to reducing the impact of substance use, abuse and addiction in Los Angeles County
- Lead and facilitate the delivery of a full spectrum of prevention, treatment, and recovery support services.
- Maintain a Network of contracted agencies that provide easily accessible, effective, and patient-centered services.
- Over 100 contracted providers in over 350 locations throughout Los Angeles County



- **SASH:** Substance Abuse Services Hotline:
1-844-804-7500
- **CORE Centers:** Connecting to Opportunities for Recovery and Engagement
 - Brick and mortar sites that offer SUD information, screening, referral, and other services.
- **SBAT:** Service & Bed Availability Tool
<https://sapccis.ph.lacounty.gov/sbat/>
 - Online provider directory that is filterable based on service, level of care, population, and other search filter options.
- **RecoverLA.org:** <https://www.recoverla.org/>
 - Mobile-friendly app with SBAT and other SUD information
- **CENS:** Client Engagement and Navigation Services

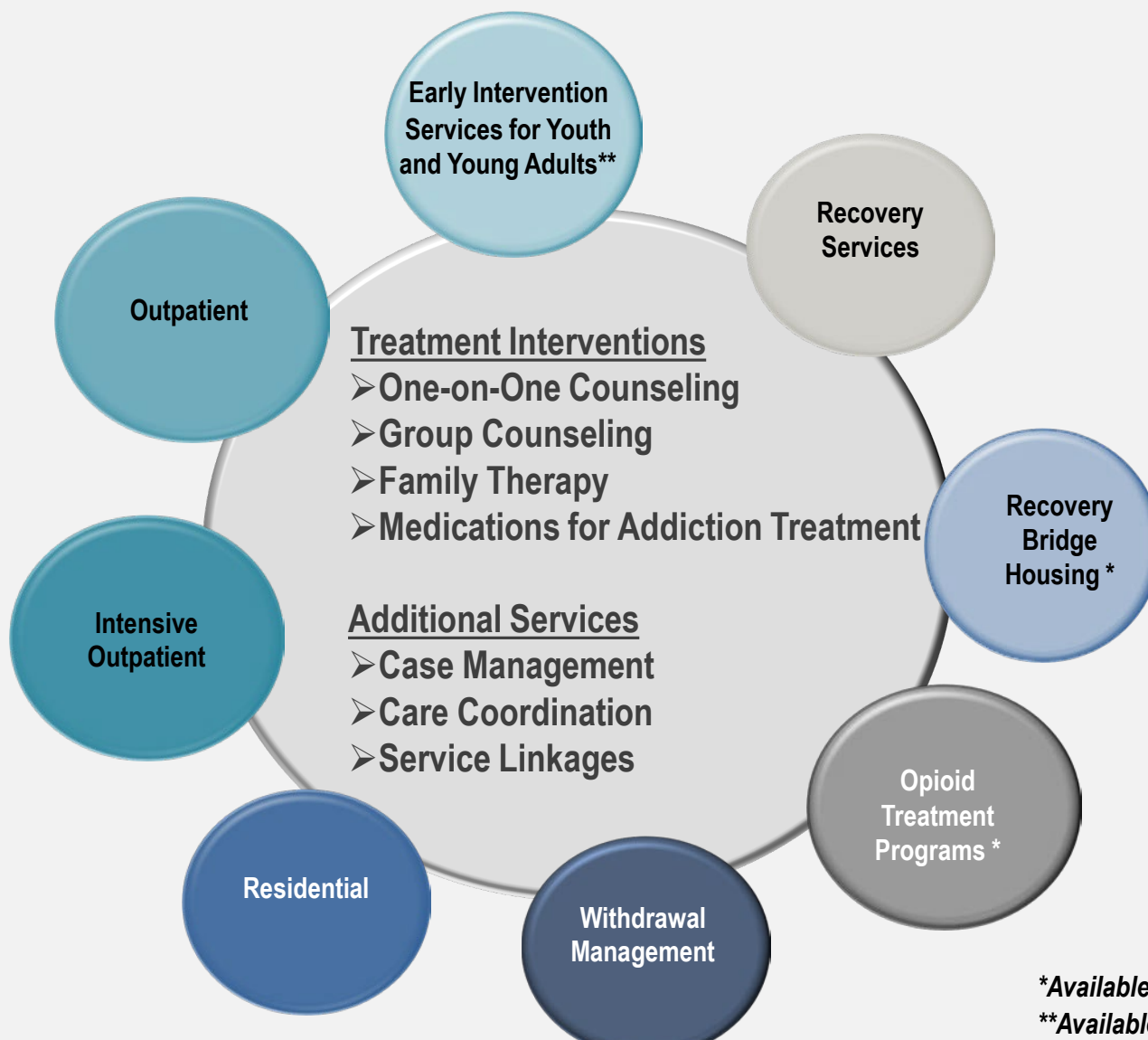
Los Angeles County: SUD Youth Provider Network At-a-Glance



- SUD Youth Contractors → 28
- Number of Outpatient sites → 42
- Number of Intensive Outpatient sites → 34
- Number of Residential sites/beds → 1/38
- Number of Field Based sites → 28, of which 5 are at STRTPs



Los Angeles County's Available SUD Benefits



**Available to adults only*

***Available to youth and young adults only*

Client Engagement and Navigation Services at Juvenile Halls:

Facilitate access to SUD screenings and post-release linkages to community SUD services for youth and young adults at Juvenile Halls

Locations: Barry J. Nidorf Juvenile Hall and Central Juvenile Hall

Types of services provided:

- SUD Screening & Referral to Treatment
- Client Outreach & Engagement
- Client Eligibility & Enrollment (e.g. health coverage)
- Care Coordination: Appointment Scheduling, Service Navigation, Ancillary Referrals and Linkages
- Early Intervention and at-risk curriculum



Implementation of Full SUD Treatment Continuum in Response to Closure of California's Division of Juvenile Justice (DJJ)

- *Facilitate access to SUD treatment among youth and young adults transitioned from DJJ and new post-disposition youth and young adults housed in Board identified Secure Youth Treatment Facilities*

Locations: Barry J. Nidorf Juvenile Hall
Dorothy Kirby Center
Camp Kilpatrick
Camp Scott



Anticipated Roll-out: Spring 2023

Implementation Full SUD Treatment Continuum for General Juvenile Population via Competitive Bid Process

- *Facilitate access to SUD treatment among pre and post dispositioned youth and young adults within the juvenile justice system.*

Locations: Barry J. Nidorf Juvenile Hall

Central Juvenile Hall

Dorothy Kirby Center

Camp Rockey

Camp Afflerbaugh

Camp Paige



Anticipated Roll-out: Winter 2023



Treatment Program Services – Youth and Family Services-Juvenile Justice

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